MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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		11/2
		/ / -)
		No. 182
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D	Diak	N- / /

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Set 5. Color or race 8.(a) Single, married, widowed, or divorced 6.(b) Hame of husband or wife. 8.(c) If alive, give age	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 13 19. to march 28 19. to and that I last saw have alive on march 28 19. to
deceased (mo., day, yr.) 8. AGE: Months Days If less than one day	Immediato cause ol death. Cardio-renal fenders. DURATION Due to Chronic mys cardity- Chronic fachy cardin
11. Industry or business 12. Hame 13. Birthplace 14. Maiden name 15. Birthalace 18. Informan 18. Informan	(Include pregnancy within 3 months of death) Major findings of operation Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
* Address 17. (Burlal, cremation, or removal, Which2) Cemetery or crematory. Location	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE M. D. or other

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APR 2 1946 .

MARYLAND STATE DEPARTMENT OF HEALTH

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Reg. Dist. No.

2411 N. Charles St., Baltimore (2446) CERTIFICATE OF DEATH

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1. PLACE OF DI County Har Cily or town Edge	ford	al, Md.	2. USUAL RESIDENCE (HOME) OF CFOR NEWDORN Infants give residence of a State	
How long in above place Hospital, institution, o Station	ee of death? or street address where of Hospital, E		City or towe. Baltimore (If outside city or town limits Street No. 1625 North Sprin (If rural, give	location)
3. (a) FULL NAM			a.va) it isiciani, name wai	3. (b) Social Security Number
. ,	H. CONNOR			
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced		MEDICAL CE	ERTIFICATION	
Male	White	Married Widowed	20. DATE OF DEATH 27 March	19.46 at 8:20 A I
		abeth Popp	21. I CERTIFY that death occurred on the date abo	ve stated; that t attended deceased from
7. Birth date of		eptember 1884		t seen 19
8. AGE: Yea	rs Months	Days It less than one day 28hrsmin.	Immediate cause of death.: Coronary Thrombosis	OURATION
		aryland county, and state)	Due to generalized arter	riosclerosis
		r, U. S. Government	Oue to	
置 12. Name	John Henr	vivision, U. S. Gov't. y O'Connor	Other Congitions	the liver.
.1	Unknown Elizabe Unknown s. Annie Sh	th Pifer	(Include pregnancy within 3 r	***************************************
≥ 15. Birthplace	s. Annie Sh	e <u>a</u>	Astoney resolts as above	Date ot op.
Address 164	1 Harford A	ve., Baltimore, Md.	PHYSICIAN: Please woderline the caose to wi	see fill in the following:
17. Buri	al on, or removal. Which?	Date thereof March 30th, I (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crema	Balti	9 3 000 000 000 00 H 0 H H H H COC CO CO CO CO CO CO CO 000 000 000 00		(County) (State)
Location	E, North A	venue	A STATE OF THE PARTY OF THE PAR	here?)
18. Funeral director.	George J 1735 Harf	.Ruth, Inc.	Means of Injury	
		and Hedge Registrar	23, SIGNATURE James V. Dai	M. D. or other Q. md Date signed 3-28-46

MARYLAND STATE DEPARTMENT OF HEALTH

ATT NI Charles Co. Dalaines Box

02701

TA LIMINA	E OF DEATH Reg. Dist. No. 185
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Maggie Cullium	3. (b) Social Security Number
4. Sex 5. Copy of race 6.(a) Single, married, widowed, or divorced Lewesle Ubleite Ublowed 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from 19. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
10. Usual occupation. Nous	Process

MARGIN RESERVED FOR BINDING UNFADING INK. Suprant. Physicians: please 11. Industry or business

WITH UNF important.

WRITE PLAINLY, is especially

PLEASE

13. Birthplace

14. Maiden name 15. Birthplace

(Burial, cremation, or removal, Which?)

(Date rec'd by registrar)

(month) (day)

(year)

Registrar

23. SIGNATURE.

Means of Injury

Where did injury occur?

(State)

(County)

M. D. or other Date signed....

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Major findings of operations.....

Accident, suicide, or homicide.....

injured at home, farm, industry, public place (where?)

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MAR 25 1946 BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	2-11
City or town	State Mary County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Mannah. Lunter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Finale Colored maning	20. DATE DF DEATH Marcle 9 to 19 46, at 6-20 P
6.(b) Name of husband comition Joseph Q. Exertis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 to
7. Birth date of	and that I last saw h ative on leaf on arrial 19
deceased (mo., day, yr.) March 9-1883	Immediate cause of death
8. AGE: Years Months Bays if less than one day	Carinana 9 menos une
63hrsmin.	generalized electristasis
9. Birtholace Bel alton Charles leve Had	Due to
(Town, county, and state)	
10. Usual occupation. Assessments	Due to.
11. Industry or business	DUE 10
	Dther conditions
13. Birthpiace Junging	(Include pregnancy within 3 months of death)
14. Maiden name Willie Thomas 15. Birthplace Charles Cros Md.	Major findings of operations
El 15. Birtholace Charles Pros Mil	major nuques of operations. Date of op.
2 1 1 1 1 1 1 1	
16. Informant Mine Andrews	Autopsy results
Address Werden Med	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof March 13-19 46	
(Burlal, cremation, or removal. Which?) (month) (day) (year)	1 100
Cemetery or crematory	Where did injury occur?
Location Bel alton mit	Injured at home, farm, industry, public place (where?)
18. Funeral director Menny January Bons	Meens of injury Injured at work?
Address Caberdan man	as SIGNATURE Plans. (Thompson
ma. 12 1/6 nollie 21. Kilon	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrer	Address Helee Md Date signed Mar. 11/4



MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 477 CERTIFICATE OF DEATH The correct 2. USUAL RESIDENCE (HOME) OF DECEASED; 1. PLACE OF DEATH: legibly. (For newborn infants give residence of mother) item of information carefully. causes of death clearly and h How long in above place of death?. Hospital, Institution, or street address where Bour (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME

.6.(c) If alive, give age ...

It less than one day

month)

28. SIGNATURE

M

Registrar

Reg. Dist. No. 185-(If outside city or town limits, write RURAL and give hearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DURATION Immediate cause of death (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) ... at work? Means of Injury

MARGIN RESERVED FOR BINDING every if Supply lease wri ADING INK. Physicians: p UNE important. especially PLAINLY. WRITE PLEASE

4. Sex

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation 11. Industry or business

13. Birthplace

15. Birthplace

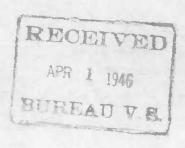
14. Malden name

(Date rec'd by registrar)

8. AGE:

Years

Months



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-60

CERTIFICATE OF DEATH

02704 Reg. Dist. No. 182

1. PLACE OF DEATH: County Harfred	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Mo County Hartor &	
Cily or town(If outside city or town limits, write RURAL and give nearest town)	Consult) Ruma)	
How long In above place of death?	(if outside etty or town limits, write RURAL and give near	eat town)
Hospital, Institution, or street address where death occurred:	Sireet No.	
	(1f rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security N	lumber
David Emony Ely		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white manied	20. DATE OF DEATH march 2 19.46	at 2 45 P M
6.(b) Hame of husband or wife annie a. Ely	21. I CERTIFY that death occurred on the date above stated; that I attended decease	sed from
	11-2 1938 to 3-2	19.46
7 White date of	and that I last saw h alive on 3-2	19.1.6
Beteste (Mor, an), Jii/	Immediate cause of death Cornery occlusion	DURATION
8. AGE: Years Months Days It less than one day		2-26-41
18 that the date min.		400440000404000400000000000000000000000
9. Birthplace Harshof too maryland	Due to Chronio ghomerula nephreta	***************************************
(Town, county, snd state)	with hypertension	Years.
10. Usual occupation.	Due to	***************************************
11. Industry or business		***************************************
# 12. Name John Tolks	Other conditions	***************************************
₹ 13. Birthplace Maryland	(include pregnancy within 3 months of death)	
14. Maiden name Hermal Tucker 15. Birthplace Maryland	(Include pregnancy within 8 months of death) Major findings of operations	
15. Birthplace Maulund	Date of op.	
(4) a departie Man A A Eli	Antopsy results.	
2 0 4	PHYSICIAN: Please underline the cause to which death should be charged st	tatisticaliy.
Address Delle mo	22. VIOLENCE: It death was due to external causes, till in the tollowing:	
(Burial, cremation, or removal, Which?) Date thereof. (month) (of y) (year)	Accident, suicide, or homicide	
m/ 3.000	Where did injury occur?	
Cemetery or cremalory		
Location Journal July	Injured at home, tarm, industry, public place (where?)	
18. Funeral director. Decen & Hostin	Means of Injury Injured at work?	
Address Bal Qis md	hel O Handeren 1	n n
me 1 1 Privilla formand	23. SIGNATURE M.D. or	rother
19 March 4 19 4 6 Marched Volto Volto	Address Edgeword md Date signed.	3-3.46

MAR 8 1946 BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9330

CERTIFICATE OF DEATH

Reg. Dist. No. 180

City or town	City or town (If outside by or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war.
Jillian M. Evans	3. (b) Social Security Number
Lessele White Married, widowed, or divorced Tessele White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 30 PM
B.(b) Name of husband or wife. Strage N. Evaco 7. Birth date of deceased (mo., day, yr.) Feb 2 18 66	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. # 1. to March 19. # 6. and that I last saw March 2 19. # 6.
8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 9. Birthplace Baltings (Town, county, and state)	Immediate cause of death DURATION Scribe pulmany oden a 1/4 42 Due to 10.
1D. Usual occupation. A Trusting 11. Industry or business	Due to.
12. Name Mary Mark 13. Birthplace Mary Srown 14. Malden name Mary Srown	Other conditions
14. Malden name. Mary Srown 15. Birthplace Mary A. Eraus	Major findings of operations
Address & d Glework Maruland 17. (Burlal, cremation, or removal, y hich?) Date thereof Man 21-1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or crematory. Location Audient Mary and	Where did Injury occur?
Address Obingdon Maryland	23. SIGNATURE / Park le w
(Date rec'd by registrar) 19 10 10 10 10 10 10 10 10 10	Address Churchwill ke Date signed Warch 24

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore PIE

CERTIFICATE OF DEATH

Reg. Diat. No. 18 4

		4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County OTD WOLD	(For newborn infants give residence of mother)	1
Enter Will	State	
(If outside city or town limits, write RURAL and give nearest town)	SHOW IN STRAT FILLY MO	
How long In above place of death?	City or towo (If outside city or town limits, water RURAL and give nearest to	own) .
Hospital, Institution, or streel address where death occurred:	Street No	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		
S. (d) POLL NAME	3. (b) Social Security Numb	er
Sell: Michu	2 ms	
4. Sex 5 Colde or race 6.(a) Single, married, milowed, or dirorcel	MEDICAL CERTIFICATION	
Mannie Manniel	5	40
mad the was the order	20. DATE DF DEATH	M
6.(b) Name of husband or wife. Uma / Lefaux	21. I CERTIFY that eath occurred on the date above stated; that I altended deceased fro	og _
() Via	Feb 18 1046 to Mar/6	019.46
7. Birth date of School	and that I last saw becauselive on Market	10 4/
deceased (mo., day, yr.)		
8. AGE: Years Months Days If less than one day	1 1 2	DURATION
67 4 20	Junchal June	To the
8. Birthplace Calumo 1/1/9	Due lo	
(Town, county, and state)		1
1D. Usual accupation.		
11. Industry or business . A out of arm	Due to	
EL Manager of Daymes		£ 4 2
E 12. Names	Diher conditions.	7760
13. Birthplace 40 many		
H 14. Malden name	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations.	
≥ 15. Birthplace	Date of op.	
16. laformant Mr. anna Luckus	Autosy results	
Stout Mad Runal	PHYStCIAN: Please underline the cause to which death should be charged statistic	
Address Will, "Ma, Muhai	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Burial Date thereof March 1919 46		
(Burlal, gremation, conovat, trino.?)	Accident, suicide, or homicide	
Cemetery or crematory Cucensian Com,	Where did injury occur?	
Harlard (5 md;		
Location	Injured at home, farm, Industry, public place (where?)	*******************
18. Funeral director TY . Barley	Means of Injury Injured at work?	
land to made	DOY 1	1
Address 19 00 unglos, 1119;	23. SIGNATURE F. Jord grase	
March 18:46 11 71 711 711	M. D. or othe	r
19. (Date rec'd by registrar) Registrar	Address Darlemplon Bate staned 3/	16/46

DESCRIPTION OF TABLE PARTY OF TRAINS

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MAR 28 19/6

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Dist. No. /8/
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME J. William Jodevin	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Married Married Middle Married Middle Married Middle Middle Married Middle Mid	MEDICAL CERTIFICATION 20. DATE DF DEATN
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days tt less than one day	and that I last saw h
9. Birthplaco Maryland (Town, county, and state) 10. Usual occupation R. J. Djurator	Duo ta
11. Industry or busineso Vella Cafella - Utta. 12. Name Wenjaman Hodivini 13. Birthplaco Macyland	Other conditions.
	(Include pregnancy within 3 months of death)

PLEASE WRITE PLAINLY, VS A15

Address

Cemetery or crematory

(Date rec'd by registrar)

(Burial, cremation, or removal Which?)

Registrar

(month) (day) (year)

Means of injury

injured at work?

(County)

(State)

Date signed 7.0.7/x 6

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, till in the tollowing:

(City or town)

Accident, sulcide, or homicide.....

Injured at home, farm, industry, public place (where?)

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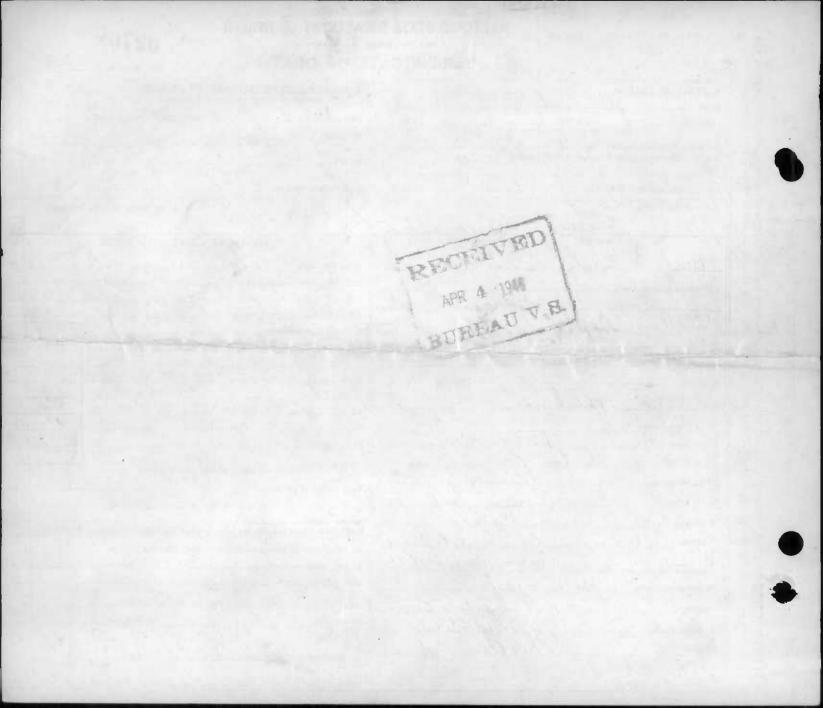
MARYLAND STATE DEPARTMENT OF HEALTH

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t JS	27	C.E.I	И.

CERTIFICATE OF DEATH

24	411 N. Charles St., Baltimore (1)
CERT	IFICATE OF DEATH Reg. Dist. No. 185
County	City or town. (If outside city or town limits, write RURAL and give nearest town) Sireet No. (If rurs), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Corbin Marion	Grafton 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or di	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.44. 31 2.25
8. AGE: Years Months Days If less than one day	and that I last saw h 191 alive on 193 Immediate cause of death DURA
9. Birthplace	Oue to Haligrans Hypertenian 184
12. Name Polliam Charles McDraf 13. Birthpiace Darford Clo-Md 14. Malden name Virginia Ministich 15. Birthpiace Ballimore Md	Other conditions
16. Informant Mars. William Warring Address 642 adams sh Have de	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal. Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Sterry Jaguing Song	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
01.70 . 11 64	23. SIGNATURE M. D. or other . Registrar Address Address Mell Man. Daie signed Mell Man. Daie signed Mell Mell Mell Mell Mell Mell Mell Me

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1/7-2

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4	Reg.	Dist.	No.	/	84	1
1	Reg.	Dist.	140.	 	×	• • • • •

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newboru infants give residence of mother)
City or fown whitefores:	State Sausy County Days
City or fown	Sity or town whitefres -
How long in above place of death?	(If outside city or town limits, write RURAL and give nearegt town)
Hospital, institution, or streef address where death occurred:	Street No. Sould of Winteful Caming House
Had back of Whitefires Carring House	(Jr rural, give LOCATION)
How long in hospifal or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Vilham Thomas Grafton	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single.	20. DATE OF DEATH March 6 1996 at 499 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give ageyears	
7. Birth date of deceased (mo., day, yr.) Cyssil 16 1944	and that I last saw h
	Immediate cause of death
1 10	Strangled by resumptated
/ / / / /hrsmin.	Ramel worms-
Bel Can . In al	(a = = = = 7 /
9. Birthplace (Town, county, and state)	Due to.
2000	
10. Usual occupation.	Due fo
11. Industry or business	
12. Name Itania Thomas Graften	Other conditions Durishum
	Office Conditions
	(Include pregnancy within 3 months of desth)
14. Malden name Dorotty Januare Orothins 15. Birthplace Delta Rem.	
0 0 0 8	Major findings of operations
21 15. Birthplace	
16. Informant Lees L. Drafter	Autopsy results
5/1/4/ 1 500	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address White for the state of	22. VIOLENCE: if death was due to external causes, fill in the following;
11. Burial Bale thereof Mar. 8-1946	
17. (Burial, cremation, or removal, Which?) Bate thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory Mt. News cemetery	Where did injury occur?
Location Delta R. O. Pa.	Injured of home, farm, Industry, public place (where?)
1 1 + (Pal. 1.	Means of injury injured at work?
18. Funeral director of the late of the la	0
Address Dolta Peri	Git a Hout Mr.
M - 2 111 mm (n. 11. 0	23. SIGNATURE MARCHEN Medical Excession
(Date rec'd by registrary) (Date rec'd by registrary) (Date rec'd by registrary)	Address Candrell Med. Bate signed 3/6/4/6

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

	UZ	17	1.0	1	
Reg.	Dist.	No.	1	2	

How long in above place of Hospital, Institution, or st	Hari Rocks side city or town lin death? reet address where d	, Rure	lark Hall	City or town Rocks, Rur (If outside city or town is Streel No	County Harford County Harford County Market RURAL and give nearest town) give LOCATION) 3. (b) Social Security Number
4. Sex	5. Color or race		, married, widowed, or divorced		CERTIFICATION
male	black		married	20. DATE OF DEATH March	25 1946 at 7 A.M.
B.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)		ber 1	P.s. Hall) If alive, give age 71 years , 1871	21. I CERTIFY that death occurred on the date	e above stated; that I attended deceased from 19.4 C, to
8. AGE: Years	Months	Days	If less than one day	Che musican	deal Disease >
74	5	24	hrs min.	gan apteri	oclerais 3
Birthplace	(TOWE, C	county, and a	tate)	Due to	
	James H	all		Other conditions	
12. Name	Harfor			(Include pregnancy withi	
14. Malden name 15. Birthplace	Unknow	n -		Major findings of operations	
			1	Autopsy results	to which death should be charged statistically.
17	Chest	Date there	Mar. 27, 1946 (month) (day) (year) rove cemetery	Accident, suicide, or homicide	wn) (Connty) (State)
Location	Rocks	, Md.		Injured at home, farm, Industry, public place	e (where?)
18. Funeral director	Hubert	P. Ha	rkins	Means of Injury	Injured at work?
	Delta,			23. SIGHATURE (L) Clark	o bladoon
19. 3/26.	19 46	*******	Registrar		M, D. or other Date signed 3 /26/1/4.

ATTABOLAGO TATABATAN OF HALLEN



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

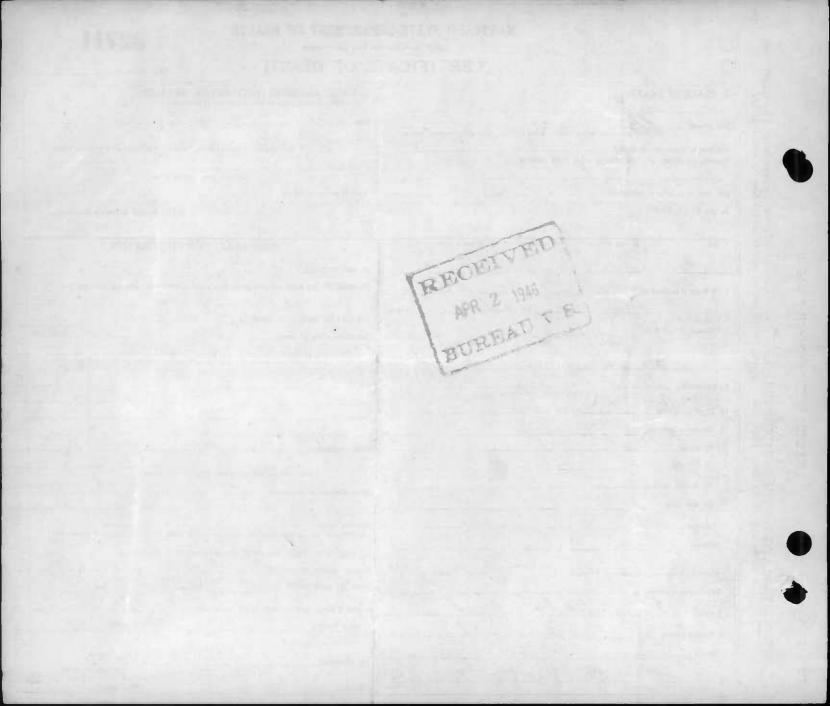
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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*	Reg	Die	+ N	/	8	2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	n-1 1/1
City or town	
How long in above place of death?	City or town limits, write REAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
How long In hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Thomas A	Heaps
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male libite morried	2D. DATE OF DEATH March 3/ 1996 at 1 M
6.(b) Name of husband or wife And but	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Fracture cervile
53/2 4nin.	vertetra -
9. Birthplace Definition 200	Due to
(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name 12.	Dther conditions
	(Include pregnancy within 3 months of desth)
HE 14. Malden name Alla Anna Structural 15. Birthplace	Major findings of operations
\$ 15. Birthplace Janky land	Date of op.
16. Informant 200 Charles	Autopsy results.
Address Prolegable Ing	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Barrel Date thereof April 2/946	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident Date of 3/31/46
(Bnrial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide. Where did injury occur? Bold in Harfred Med.
Cemetery or crematory	(City of town)
Location July Smith The Control of t	Injured at nome, tarm, industry, public place (wherer)
18. Funeral director of the state of the sta	Means of Injury # it by cer Injured at work?
Address Farmy sever Pa	DEPUTY MEDICAL EXAMINER
2/3/2 4 Prince for mond	23. SIGNATURE. M. D. or other
19. (Date/rec'd hy registrar) Registrar	O A PRESENTATION OF THE PROPERTY OF THE PROPER



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

CERTIFICATE OF DEATH

02712₁₈₂ Reg. Dist. No. 182

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Mde County Fordord
Cily or town (If outside city or town limits, write RURAL and give nearest town)	City or town Forest thee
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, institution, or street address where death occurred:	Street No.
How long to hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
John Earl A	Peck HECK 3. (b) Social Security Number
4. Sex 5. 00for or race 6.(-) Single, married, widowed, ea diversed	MEDICAL CERTIFICATION
Male Home Hidowy	20. DATE OF DEATH. March 17 19/6 at 1 - M
8.(b) Name of husband or wite staran touch	2t. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Dead 8.(c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) now 29, 1893	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
52 3 18arsmin.	F/WWW
Handard CE Med.	
9. 9lrihplace	Due to
to. Usual occupation.	Due to
11. Industry or business & Gurry	DUE (U.
12. Name Daniel Tourist M. d.	Other conditions
13. Sirthplace Tearlord Co. Md	(Include pregnancy withiu 3 months of death)
14. Maiden name Wennie Hazelton	
15. Birthplace Towford CF, AM	Major findings of aperations.
MAD AND AD WOLLD	Date of op.
16. Informant — — — — — — — — — — — — — — — — — — —	Autopsy results
Address / Dec / Man / 20/9/	122. VIOLENCE: If death was due to external cayses, fill in the following:
(Burial remation or remark Withh?)	Accident, suicide, or homicide Date of
Cemetery or scomptors again of thing cen	Where did injury occur? (City or town) (Obunty) (State)
Atanland of mil	Injured at home, farm, Industry, public place (where?) Route 24 Ports ud
Location Location	Means of Injury A wto accident Injured at work?
18. Funeral director	Develed C Palmer ut
Address y aring to Mar	23. SIGNATURE & States Medical Examina
10 3/18 946 Prescella Forword	Halferel County M. D. or other
(Date rec'd hy registrar) Registrar	Address Bal Acr Ma. Dale signed 3/1/1/6



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3Fa

02713

M	ect age	THIS COSPORATO
	he corr ibly.	1. PLACE OF DEATH:

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, inetitution, or circet address where death occurred: Mow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Real Croxsell Henry	3. (o) Social Security number
4. Sex 5. Color or race 6.(a)Single, married, widewed, ar divorced	MEDICAL CERTIFICATION
I a means mail	MEDICAL CERTIFICATION
temale figur Married	20. DATE OF DEATH March 1946, at 35
8.(b) Name of hueband or wite Jaseph 4- Therry	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
8.(c) It alive, give age 49 years	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
r. Birth date of	and that I last ear h M. alive on Marche 20, 19 46
deceased (mo., day, yr.) 8. AGE: Years Monthe Days It less than one day	Immediate cause of death
110	0 100
49 / / / / / / / / / / min.	
9. Birthplace Maryland	Due to allus sclasses - 2 gra
(Town, county, and state)	
10. Usual occupation	Due to Castonia Bulgulifial - 400
11. Industry or businees	Lephulis -
# 12. Name Edward Cropsell	Diher conditions
13. Birthplace Manyland	
14. Maiden name Cennile Brown	(Include pregnancy within 3 months of death)
15. Birthplace Maryland	Major findings al aperations.
=1 15. Birthplace // anytang	Bate of ap
18. Informant Joseph U. Jenny	Autopey results
Address 557 hand Have de Brace	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Berral Bate thereof 3/23/46	22. VIOLENCE: It death was due to external causes, 1111 in the following;
(Burial, cremation, or removal. Which?) Bate thereol. 3/23/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory A. James	Where did injury occur?
traction Have de Krace	Injured at heme, farm, industry, public place (where?)
P. L. L. D.	Means of Injury Injured at work?
18. Funeral director	
Address Have de Klace	MILL Malhert MAD
Muss 1.21 16 6. L. L. mu.	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Alle de Mile Bate signed 3/28/4

Registrar Address....

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legi

MARGIN RESERVED FOR BINDING

VS A15

PLEASE

ATTENDED TO STATE OF STREET

RECEIVED MAR 25 1946 NUREAU V.M. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

02714

Reg. Dist. No. 180

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Jave T. Hoffnan	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced terrele.	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 28 19/6 at 2 P M		
6.(¿) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Fet. 13, 1926	and that I last saw hallve on		
8. AGE: Years Months Days If less than one day	Immediate cause of death Drowning, acadental Drowning		
9. Birthpiace (Town, county, and state) 10. Usual occupation Greenwest Employee	Due to		
11. Industry or busings 12. Name	Dther conditions		
	(Include pregnancy within 3 months of death)		
15. Birthplace Justine	Major fisdings of operations		
Address 305 E 24 25 Solli med	Autopsy results		
(Burlul, cremation, or remained wal. Which?) Date thereof (Fonth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Accident Date of May 18 945		
Cemetery or crematory Location Location	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) (State)		
18. Funeral director Wise defeld & Son	Meens of Injury Sail boat expessived Injured at work? mo		
19. 4/1/ 19. 19. 4/1/ Murey M. Moulston Registrar	23. SIGNATURE DEPUTY MEDICAL EXAMINER HAREGRO COUNTY D. or other Address. Bala American Date signed 3 28/46		

APR 4 1946 BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No.
I. PLACE OF DEATH: County Harford City or town R. D. #2 — Aberdeen Md. (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Harford City or town (If outside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR
JOSEPHINE HQRKY	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, wildowed, or divorced married white married 6 (b) Name of husband or ** Rudolph Horky	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; Mat I attended deceased from
7. Birth date of deceased (mo., day, yr.) June 1, / P 8 8. AGE: Years Months Bays if less than one day hrs. min 9. Birthplace Baltimore Md. (Town, county, and state) Housewife 11. Industry or business 12. Name Kalal 13. Birthplace unknown 14. Malden name " 15. Birthplace " 16. Informant Dr. J. Ralph Horky — son	and that I last saw h adlye on 19
Address Churchville, Maryland. 11. Burial (Burial, cremation, or removal, Which?) Cemetery or company Holy Redeemer Location Belair Rd. Baltimore, Md. 18. Funeral director Charles E. Schimunek Address 2601-03 E. Madison Street	Of autopsy 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Means of injury 1. Injured at work?

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

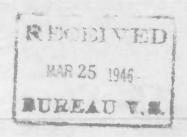
2411 N. Charles St., Baltimore Bio

CERTIFICATE OF DEATH

02	11	5	_	1
Reg. Dist.	No.		8	/

110Ma.

	Reg. Dist. No		
1. PLACE OF DEATH: Harferd	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State State		
City or town	City or town		
Hospital, Institution, of street address where death occurred:	Street No. 3el av al West (If rural, give LOCATION)		
How long In hospital or Institution?	2./g) If veteran, name war		
3. (a) FULL NAME arthur Ernest &	ewell 3. (b) Social Security Number		
Male White Married, widowed, or divorced Married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION		
6.(b) Name of husband or wife 6 the Moe Sewell 6.(c) If alive, give age 57 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Oct, 6, 1874 8. AGE: Years Months Days If less than one day	and that I last saw had alive on 19. Immediate cause of death		
8. AGE: 16213 MINISTRATE MINISTRA	Gerline Gerline		
9. Birthplace	Due to Mykhulname clindo-mulia.		
16. Usual occupation	Due to.		
12. Name Samuel Sewell 13. Birthplace	Diter conditions Chronic reflection		
14. Maiden name. 6. mily Me gill 15. Birthplace	(Iuclude pregnancy within 3 months of death) Major fiadings of operations		
16. Informant Mas & Chel Mal Sewell	Autopsy results.		
Address Belair are, West Whether Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or remodal. Which?) Bate thereof Man. 6/946 (mostly (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Oarlington Com.	Where did injury occur?		
Location Darlington Marford & Mar	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?		
18. Funeral director / ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1 1 1 1 1 1 1 1 1		
19. March 15 19 46 Pollie H. Wiley (Date reed by registrar)	23. SIGNATURE James Macana & James Address My Sile & New Bate Signed - 14 - 46		
(Date rec d by registrar)	Audiess		



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02716	101
Reg. Dist. No.	181

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		กซากต	Ground Maryland			
	City or town		City or towe			
How long in above place of death?Since21February1946				; town)		
			en Proving Ground	Street No		1
		ال.ل	March 1946. Md	2.(a) If veteran, name war		······································
3. (a) FULL NAI					3. (b) Social Security Nur	nber
4. Sex	Norman Kell	PV.	e. married, widowed, or divorced	d.		
				MEDICAL CE	ERTIFICATION	
Male	White	1 5	Single	20. DATE OF DEATH 23 March	1946 19 , at	0750 m
6.(b) Name of husban	d or wifeSing	<u>l</u> .	***************************************	21. I CERTIFY that death occurred on the date abo	The state of the s	
5000 000000000000000000000000000000000			e) If alive, give ageyeara	From 13-55 13 Mar 19		
7. Birth date of	yr.) Septembe	200 72	3008	and that I last xaw h.i.Malive on075		
8. AGE: Yea		Daya	If less than one day	Immediate cause of deathScarlet	rever	DURATION
17	17 6	10				***************************************
9. Birthplace	ew Hanpton,	New H	an pshige	Duo to		
8. Stribplace New Hampton, New Hampshipe Buoto. 10. Usuat occupation Soldian						
11. Industry or busine			Ouo to		,	
		Other cooditions.		*****************		
12. Name						4,5,5,000,000,000,000,000,000
			(Include pregnancy within 3 m	nontha of death)		
14. Malden name	unknown			Major findings of operations		
		77 1 1 1			Date of op	
16. Informant Mrs. Colig Hutchins (mother)		PHYSICIAN: Please underline the cause to wh	ich death should be charged stati	istically.		
Address	Alton, Ne	4		22. VIOLENCE: It death was due to external caus	ses, fill in the following:	
(Burial, crematio	irial, cremition, or removel, Which?) Bate thereof (month) (day) (year) Accident, suicide, or homicide			***************************************		
Cemetery or company Will Kings Tempel Hour Where did Injury occur? (City or town) (County) (Sta			toto)			
7-0-1-74			injured at home, farm, industry, public place (wh			
LOCATION	Howard	10 70 F	Come + and	Means of Injury Injured at work?		
To. I dilotal director.	and a deci	ma)1 ~	
Address/	my will	51	Min of Fil	23. SIGNATURE Zures	M. D. or of	
19. (Date rec d by r	March 144	14	elle Huley	Address Station Hospital 70%	M. D. or of	
1	lave receive	d the	remains of the al	ove in good condition.	Cook Cons	210



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (837)

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: County Conference Conference City or town Conference Con	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(II outside city of town minus, write to trad and give hearest town)	City or town.
How long in ebove place of death?	(If outside city or town limits, write RURAD and give nearest town)
Mospital, Institution, or street address where weath obsurred.	Street No
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
JOHN FRANCIS LAGAN	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Wh wid.	2D. DATE OF DEATH March 15 19.46 , 21 / 2:15 M
6,(6) Name of hoobend or wife Saroh Terry Lagar	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive give ageyears	and that I last saw beam alive on march 14 19 Sela
deceased (mo., day, yr.) Ougust 1- 1866	Immediate cause of death
8. AGE: Years Months Days If less than one day	Lypostate mummer 49h
79 7# 16	
II. A A M Day	h = 1=0 11 = 100 look 3004.
9. Birthplace	Due to Du
10. Usual occupation. Carpenter - retired	
	Due to
11. Industry or business	-
12. Name andrew Jugan 13. Birthplace Harford to your	Dther conditions
3. Birthplace Harford Co your	(Include pregnancy within 8 months of death)
14. Maiden name Cerkenie Mc Seillegur 15. Birthplace Freland.	
14. Maiden name	Major findings of operations.
El 15. Birthplace	Date of op
16. Informant Muse John E querett	Antopsy results
10 La mark	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Pereka 7000	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereof Nau 18, 194	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Tylesvelle.	Injured at home, farm, industry, public place (where?)
Location Market Market	Means of Injury Injured at work?
18. Funeral director range of the state of t	
Address garrettsville md.	- 3 SIGNATURE Willard P. Sudson
May 18 46 Thomas P 19 sure	M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address forest 140 mg Date signed 3.1.5/46

STANEO NO SELECTIVADO STANS QUANTIDAS

HEADE HORIZOTATION

JUN 4 1946
BUREAU V. S.

H) MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

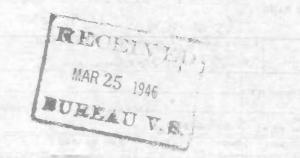
CERTIFICATE OF DEATH

M	02717,01-
1	Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Classical city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, Institution, or street address where death observed: Jack Memorial Hospital	(If ontside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male, white unbrown	MEDICAL CERTIFICATION 20. DATE OF DEATH March 20 1876 3 10 Pm
6.(6) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I etteoded deceased from
7. Birth date of deceased (mo., day, yr.) Winknow	and that I last saw h
8. AGE: Years Months Days It less than one day Alread 5-5- ? ?hrsmin.	Brouchopneumonia /da:
8. Birthplace Morah Carolina (Town, county, and state)	Due to.
1D. Usual occupation. Raboner	Due to
11. Industry or business 12. Name	Other condition A Neurosclerolic
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
18. Interment Hook Question	Antopsy results.
Address Hane de Drace	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or crematory angel tell	Where did injury occur?
Location Have de diace	Injured at home, farm, Industry, public place (where?)
18. Funeral director terrington to Can	Levelle C. Paliner My
Address Have de Thace	23. SIGNATURE Defauty bedient Exame
19. Nav. 2/ 19 V 6 W. L. Zews 7W-A (Date rec'd by registrar) Registrar	Address B. A. Mel. Date signed 3 130 46

DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF THE PROPERTY OF T

STATE OF STATES



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS/A15 9.4

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

02718

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
	State Marchand County Darford
City or fown	City or town Rural alutaleen
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. New Cellers Cly
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Franklin Leonard	home
4. Sex Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White natowed	20. DATE OF DEATH March 14 1946 at 9.50 8.
Lastan Alica OV	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband wife.	march 13 19 46 10 march 14 19 46
7, Birth date of	and that I last saw h Ama alive on march 14 1946
deceased (mo., day, yr.) May 20 1869	Immediate cause of aleath
8. AGE: Years Months Days If less than one day	Pulmonary edena 36 hrs
76 9min.	
marion vo. Smith Per	a. Ostoriosoleste. Cordio.
9. Birthplace Meritary VI. Smills City	Mascular Disease 10 Glay
10. Usual occupation	
11. Industry or business	Due to
	Y. W. C. A. Lukana
E	Other conditions Chamber of the Conditions of the Condition of the Conditions of the Condition of the Conditions of the
	(Include pregnancy within 3 months of death)
14. Malden name Unknown:	Major findings of operations none
14. Malden name Unknown: 15. Birthplace Viguna	Date of op.
10 Daital terral	Antonsy results.
16. Informant Ma. Section 16.	PHYSICIAN: Plesse underline the cause to which desth should be charged statistically.
Address Wherdeen my. (1. + 2) #	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
(Buriai, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location New Churchville Daiford Co.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Servis Jaming Lond	Means of Injury Injured at work?
100, 01, 01,	P. Del 'mo
Address (chargen may	23 SIGNATURE LOCUS to Jares M. V.
10 May. 16 1046 Millie H. Viler	01. DI MD M. D. or other
(l)ate rec'd by registrar) Registrar	Address Mucholle / W. Date signed 3/13/74



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

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OMITTAL A VOLUME	U	A 146 A A A A

	TE OF DEATH Reg. Dist. No. /85
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred:	Street No. 3 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rose on	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Remaile White Dramed	MEDICAL CERTIFICATION 2D. DATE OF DEATH PROCEED 8 18 4 6 at 6
6.(6) Name of husband or with 3 6.(c) If alive, give age fear 7. 8irth date of 7.2	21. I CEBUFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	DURAT
9. Birthplace	Due to Due to Meller
11. Industry or business 12. Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Due to
E 14. Maiden for accorded Procession	(Include pregnancy within 8 months of death) Major findings of operations
18. Información 18. Informació	Antopsy results
Address Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery of charactery design and the second secon	Where did injury occur?
18. Funeral direction of Sand Sand Sand Sand	Means of Injury Injured at work A
19 Trussle 8 19 Vb a. L. Lewis nv.	23. SIGNATURE M. D. Ogrother Address Lawr de frace me Bate signed 3-8-

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RECEIVED

MAR II 1946

BUREAUVE

MARGIN RESERVED FOR BINDING

* VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 592

2411 N. Charles St., Baltimore (39-6)	
CERTIFICATE OF DEATH	Reg. Diat. No. 185

02720

City or town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	State
3. (a) FULL NAME	3. (b) Social Security Number
William Melvin	
4. Sex 5. Color or cace 6.(a) Single, married, widowed, or divorced Male Mile married	MEDICAL CERTIFICATION 20. DATE DF DEATH 1976 at 7,35 N
8.(6) Hame of husband or wife Eather Lanem Melvin 8.(c) If alive, give age years deceased (mo., day, yr.) Sept. 15/1870	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Mowths Days If less than one day 75 5 20hrsmin.	Cotton Colonia
9. Birthplace. (Town, contry, and state) 10. Usual occupation Reliance number Dealer	Due to Du
11. Industry or business 12. Name William V. Melion 13. Birthplace England	Other conditions Conditions
14. Maiden name Isabel Willis 15. Birthplace England	(Include pregnancy within 3 months of death) Major findings of operations
Address 308 S. Minim are Hande have	Antopsy results
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/11/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Manual Location Agree Company Co	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director terrescon y and Address Have the chance	Means of Injury Injured at work?
19. Mar. 10 19 46 a. L. Lewis 70 1	23. SIGNATURE M. D. or other Address Date signed 3/14/3/2

(CALLETTED)

12 1945

BUHEAU V. &

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (108)

2. USUAL RESIDENCE (HOME) OF DECEASED:

3. (b) Social Security Number

(If outside city or townshimits, waite RURAL and give nearest town)

(If rural, give LOCATION)

MEDICAL CERTIFICATION

(M)	
			1
	(

1. PLACE OF DEATH

How long in hospital or institution?

3. (a) FULL NAME

6.(b) Name of husband or wife ...

7. Birth date of

deceased (mo., day, yr.) 8. AGE:

6

15. Birthplace

(month) (day)

(Date rec'd by registrar)

Registrar

Where did injury occur?

Means of Injury

(City or town)

(Include pregnancy within 3 months of death)

22. VIOLENCE: tf death was due to external causes, fill in the following;

trijured at home, tarm, Industry, public place (where?)

Accident, suicide, or homicide.....

PHYSICIAN: Please puderline the cause to which death should be charged statistically.

every item of information carefully. The correct age ite the causes of death clearly and legibly. BINDING

write

Supply e

WITH UNFADING INK.

important.

especially PLAINLY

WRITE

MARGIN RESERVED FOR

(Town, county, and state

11. Industry or business

(County)

MITATH 30 THURSDAYED STATE OF CHARGE

CERTIFICATE OF DEATH

AND THE PROPERTY AND ADDRESS OF THE PARTY OF

ALLEY OF THE STATE

MAR N 1946

BUREAU V.S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

02722

Per Diet No 182

1. PLACE OF DEATH: Hartord	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
City or town (If outside city or town limits, write RURAL and give nearest town)	State TOOL County Harford
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Davis Thomas	3. (b) Social Security Number
A. Sex 5. Color of race 8.(a)Single, married, widowed, or divorced Male Whith	MEDICAL CERTIFICATION 2D. DATE DF DEATH MOREL 23 1946 at 7:00 Pm
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2.3 - 19.46, to 2.3 19.46.
7. Birth date of deceased (mo., day, yr.) 7. Alar 23 - 4 C	and that I last saw here alive on march 2.3
8. AGE: Years Months Days If less than one day	Immediate cause of death Promoseries (6 mos) 6 mm
9. Birthplace Foundain Gream (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Name Ofto Mox Ley 13. Birthplace W. Va	Diher conditions
14. Malden name. Clara Grace	(Include pregnancy within 3 months of death) Major findings of operations
NIn Otto Max)	Date of op.
Address Darlingtery	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
17 Burial Cemation, or removal. Which?) Date thereof May 15/46 (month) (day (year)	22. VIOLENCE: 11 death was due to external causes, 1!!! In the 1oilowing; Accident, suicide, or homicide
Cemetery or crematory. M. f. 3.0.14	Where did injury occur? (City or town) (Connty) (State)
Location FOUNTAIN EVERY	Injured et home, farm, Industry, public place (where?)
18. Funeral director. Si a y Y Joseph	Means of Injury Injured at work?
Address Bel an Mel	23. SIGNATURE Willard P. Hudson
19. 2/25 19.46 Priscella Forward	Forest 1400 min 3/23/41

STATE OF THE PROPERTY AND A STATE OF THE PERSON.

TAMES OF A LANGE OF THE PARTY.

REOBIVED:
MAR 28 1946
BUREAU V.S.

2411 N. Charles St., Baltimore

(159)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Haffall	med
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
	City or town David City Or town Person town
How long in above place of death? Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
T. L' - Maser Vtans TI	Street No
The State of the S	
How long in hospital or institution? 2 days + 2 firs - 50 mins	2.(a) If veteran, name war
Suis Name Part morely	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jamale et	2D. DATE DF DEATH March 25 1946, et 3d.M
•	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	march 23 18 46, 10 march 24 18 46
7. Birth date of	and that I last saw h. L.R. alive on M. R. C. L. 24 19 46
deceased (mo., day, yr.) Warch 23, 1946	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 2 days
2 2 hrs. 50 min.	2 / 2 / 2
9. Birthplace Foustain Grases	Due to S.3 M. Due
9. Birthplace	DUE (V.
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Offo Moxly y 13. Birthplace W. Va	Dther conditions
13. Birthplace W. Va.	
al an	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
≥ 15. Birthplace	Date of op.
18. Interment Mr Otto Noxley	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Darlington	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whieh?) Date thereof. (month) (day/(year)	Accident, suicide, or homicide
Cemetery or crematory M + 3 10 N	Where did injury occur? (City or town) (Connty) (State)
Location Fountain Green	Injured at home, ferm, industry, public place (where?)
18. Funeral director Dag a x y Fasta v	Means of injury injured et work?
Address BulkirMd	23 SIGNATURE Willard P. Gredson
19. 3/ 25 , 46 Priscella Towood	4man + 1.100 men. 3/25/41
(Date ree'd by registrar) Registrar	Address To Cast Speed Date signed Date sig

HEATO TO STATE WATER OF ORATHA

RECEIVED MAR 28 1945 BUREAU V.S.



CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (33-2)

1. PLACE OF DEATH: County City or town (1f outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex (5) Color (Frace 8. (c) Single, married, whowed, ar disacced (6. (b) Name of husband or wife. Emma Morris 7. Birth date of	MEDICAL CERTIFICATION 2D. DATE DF DEATH Med. 2 1946, at 8454, M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the state of the s
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION Due to.
1D. Usual occupation	Due to
14. Malden name. Elyzaluth arttle 15. Birthplace Towoford Co. Mag 16. Informant Nov. Emmy Novris	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Burial, organization, or removed Which?) Cemetery or cremajory Company	VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address A arlunglor Mar (Date rec'd by registrar) Location Registrar Registrar	Means of Injury 10 Injured at work? 23. SIGNATURE Address Date Signed 3-21-46

RECEIVED
MAR 28 1946

WELLOW TO THE PLANT OF A TENTRAL PROPERTY OF

2411 N. Charles St., Baltimore 93.30

03116 Reg. Dist. No. / 84

CEDT	CITT.	CA	Titl	OF	DE	A TTY I
CERT		LA	I P.	OF		A I F

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	md starkerd
THE TOWN NO AND	State County County
(If ontside city or town limits, write RURAL and give nearest town)	town town to arrange of
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veleran, name war
3. (a) FULL NAME POLLS POLL	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or directed	CONTROL CERTIFICATION
4. Sex S. Color of face 8.(d)Single, married, withouted, of different	MEDICAL CERTIFICATION
Male Colored Morried	20 DATE DE DESTIL WAS 7 9 10 4/ 21 0 A A 1 18
100 h. Paral so	20, DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Clue S.(c) If elive, give ageyears	19
7. Birth date of What part of 10 1 90 6	and thet I last saw he alive on 19.
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	musica Litro Mys
50, 9hrsmin.	
Amplied Co Mid.	
9. Birihpiace	Due to
Antonion -	
10. Usual occopation.	Due to
11. Industry or business	
51 7/ Va 4. 40	Other conditions
E 12. Name	Viner conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name wachel & resurring	
6 And Come	Major findings of operations.
된 15. Birthplace	Date of op.
18. Informan / his Edma Prestury	Autopsy results.
18 Contra Xt Partido - Dait	PHYSICIAM: Please underline the cause to which death should be cherged statistically.
Address / O COTOC 1041, 1 40 1 10 10 10 10 10 10 10 10 10 10 10 10	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Bural Date thereof Christ 17 46	Accident, suicide, or homicide
(Burial, cometion, or removil, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Harlard (S. Md.	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral directors Tribi Backers	medis vi mpir)
Danlington word	401 1000
Address / Outrog OF KITTE	23. SIGNATURE + CAMPAGE
March 30, 46 m Whire	M. D. or other
(Date rec'd by registrar Registrar	Address Date signed Date signed Date signed

BURLAU I

VS AIEA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9300

CERTIFICATE OF DEATH

		1011	
Reg.	Dist.	No. 184	

02725

1. PLACE OF DEATH: County City or town. (If outside city or town limits, worte RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	City or town Street No. A. T	
Heury & Tresberry	3. (b) Social Security Numb	er
4. Sex 5. Color or/face 8.(a) Single, married, widowed, or divorced Mule Negro Wife Sussess Fresherry 7. Birth date of Service Servi	MEDICAL CERTIFICATION 20. DATE DF DEATH	om 19 4 4
deceased (mo., day, yr.) Telsmeans 34, 18, 15 8. AGE: Years Monthe Days It less than one day	Immediate cause of death	DURATION
9. Birtholace Castle tow Marshard		-11-46
10. Usual occupation	Other conditions.	-9. 42 7
14. Malden name. Kiszard Prigg 15. Birthplace 16. Informant. Miss Clicis Presherry	(Include pregnancy within 3 months of death) Major fiedings of operations. Bate of op. Autopsy results.	******************
Address Warlington, Harford, Warfland 17. Buria Grenation, or remoyal. Which?) Bate thereof Gronth (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically statistically perfectly the cause of the causes, fill in the tollowing: Accident, suicide, or homicide	ically.
Location Manufacture To Manufacture Manufacture To	Where did in jury occur?	
19. Mar. 16 18 46 M TU Kulle Registrar)	23. SIGNATURE Caule Treevan M. D. or oth Address Have de Grace Date signed 3.	

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RECEIVED MAR 28 1946

BUREAU VE

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

		10/
Reg.	Dist.	No. 101

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	
(If outside city or town limits, write RURAL and give nearest town)	State Manufact County Manufact
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Del Camp.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
We then a a	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	230-14-3745
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While married	2D. DATE DF DEATH March 3 1976, at 7 P M
6.(b) Name of husbandar wite selia Meal	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot	and that I last saw h
deceased (mo., day, yr.) Seeme 19. 1893	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Fracture skulle -
52 8hrsmin.	
9. Birthplace Tayalf V2	Due to
(lown, county, and state)	
1D. Usual occupation.	Due to
11. Industry or business	PUE 10
	Diher conditions
5	
El 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Lell State 15. Birthplace Varying	Major findings of operations.
E 15. Birthplace Varyana	Date of op.
18. Informant Julia R Semines	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Calundum Md	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17	Accident, suicide, or homicide A cuident Date of 31 7/1
	Where did latery occur? A hardean Hashard Wa.
Cemetery or crematory.	(City of town)
Location Lebersteen med	Injured at home, farm, Industry, public place (where?)
18. Funeral director Denry January Hong	Means of Injury Hart by auto injured at work?
1 Pl d	derele C. Palmer M. Francis
Address (Librolan Mass)	23. SIGNATURE
19. Man. 8 19.46 Pelle A. Vile	R the will county M. D. or other 146
(Date rec'd by registrar) Registrar	Address Date signed 3/ 3/7



The State of the S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

HAARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

City or town (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? Hospital, institution, or street address where death occurred: Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME 3. (b) Social Security Number	
Jenry Galean Kineer -	
4. Sex Whate 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Whate 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH	30 -A, M
6.(b) Name of husband or wife. 6 va Mae Russeer 21, I CERTIFY that death occurred on the date above stated; that I attended deceased from	,46
6.(c) If alive, give age 67 years mu. 1946, 10. Mar. 21	46
and that I last saw h	RATION
8. AGE: Years Months Days tf less than one day	
/0 / 8hrsmin.	• • • • • • • • • • • • • • • • • • • •
9. Birthplace Cecil Co. IIId. (Down, county, and state)	***************************************
10, Usual occupation. Agraiser	
11. Industry or business or ort of Balto.	••••••
12. Name Other conditions Differ conditions	••••••••••••
(Include pregnancy within 3 months of death)	
14. Maiden name Mary Comes Crewald 15. Birthplace Major finding: of operations. Date of op.	
18. Informan Mrs. Eva M. Reneer Antopsy results.	
Address Havre de Grace Md. P.W. # 2 PHYSICIAN: Please underline the cause to which death should be charged statisticall	у.
13 wrial Mar, 23, 1946 22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) (month) (day) (year) Accident, suicide, or nomicide	***************************************
Cemetery or crematory. Ust Hollingham Where did injury occur? (City or town) (Codety) (State)	*************
Location Coco (where?)	
18. Funeral director II. Madison //// Chill Means of Injury	
Address Havre de Grace Md,	
19. May 2 2 19.46 A. L. Lewis Tw. S. Paristrary Registrary 19.46 A. L. Lewis Tw. S. Paristrary 19.46 A. L. Lewis Tw. S.	2.16

MAR 25 1946 BUBLAU V. E.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

41	4	027	26
	Par	Dist No.	2984

ODICTIT TOTAL	Reg. Dist. No.,,,,,,,
1. PLACE OF DEATH: Karfael	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
OHY OF 10WR	City or town. (If outside city or town iscuts, write RURAL sud give nearest town)
How long in above place of death?	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Planence S. Robe	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH March 23 19.46 at 4. M.
8.(6) Name of husband or wife. Slavey Robinson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Dr. alive on
8. AGE: Years Months Days If less than one day 57 4 /hrsmin.	Thems. 6 me.
9. Birthplace Language (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business, 12. Hame William B. Davis 13. Birthplace, Startart Co. 3xt.	Other conditions
	(Include pregnancy within 8 months of death) Major findings of operations
14. Malden name Making A. Harry 15. Birthplace And Co. Thel.	Date of op.
Address Carfell Mel.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buriai, cremation, or removal. Which?) Date thereof Mul., 2-5-/94 (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or cremetory. Stateville cemelles	Where did injury occur?
18. Funeral directors Auchent Revaleure	Means of Injury Injured at work?
Address Delta Jan 12.	23. SIGNATURE M. D. or other
19/10vch 24 19 45 // / / / / Registrar	Address Carely Md Date signed 3/24/46

REMARKS STATE OF THE CONTRACT OF A STATE OF

RECEIVED MAR 28 1946 BUREAU

2411 N. Charles St., Baltimore 13/6

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U	-	-	,	

CERTIFICATE OF DEATH

			18	1	-	
Reg.	Dist.	No.	10	9		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Nalfael	State Mary Sand County Harford	
City or town (If outside city or town limits, write RURAL and give nearest town)	alance A. basad	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 4/3 Congress ave.	
How long to hospital or institution? 3 days	(J.(a) If veteran, name war	
3.(a) FULL NAME		
Clara Rogers	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W Single	2D. DATE DF DEATH. 3-6 19.46, 21.12 A. M	
6.(b) Name of husband or wife	21. I CFREEY that death occurred on the date above stated; that Lattended deceased from	
	19.16 to 3 to 19.4/	
7. Birth date of descent (mp. day vr.) August 3 1868	and that I last saw h. 12	
deceased (mo., day, yr.) CUCCUSA 3 / 6 8 8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION	
77 7 2hrsmin.	CAMPAGE FAMILIAN CONTRACTOR	
Bland Same Blades med	Bus on Chrome Gressure.	
(Town, county, and state)	Due to Makenso	
10. Usual occupation I Louis Duties	Due to.	
11. Industry or business	Due to.	
12. Name It ashington Rogers 13. Birthplace Mary land	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Caroline metz gr 15. Birthplace many land	Major findings of operations	
\$ 15. Birthplace many land	Date of op.	
18. Informant Mrs. a. D. Buens	Autopsy results	
Address 571 Congress ave. Have de Drace Hd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burial Date thereof Mar. 9, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did lajury occur?	
Location I Have al Drace Ma.	Injured al home, farm, industry, public place (where?)	
18. Funeral director 1. Madison Mitchell	Means of Injury Injured at work?	
Address Havre de Grace Mil.	XX VIII THA	
Druge 8 46 G. L. Lewis m. A	23. SIGNATURE M. D. or other	
(Date rec'd hy registrar) Registrar	Address I were de frace, melato signed 3-8-46	

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAR B 1946
BUREAU V.S.

good condition.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

- No. 1. Otitis media, chronic, suppurative, right middle ear.

 Cause undetermined.
- No. 2. Petrositis, right temporal bone.
- No. 3. Abscess, temporal lobe, right lower portion. Encapsulitis.
- No. 4. Herniation, cerebellum, through foramen magnum with internal hydrocephalus.
- No. 5. Meningitis, acute, diffuse of cerebral and cerebellar lobes and brain stem.
- No. 6. Pulmonary edema, acute.



2411 N. Charles St., Baltimore

1248

02730

CERTIFICATE OF DEATH



Reg. Dist. No. 185

1. PLACE OF DEATES:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County J.	(For newborn infants give rasideuce of mother)
City or town I Have ca succe	State County County
City or town	City or town I fame de Char
How long in above place of death?	(If outside rity or town limits, write RURAL and give nesrest town)
Harlad Mismoul Hosp.	Street No. 3 14 Chromina
	(If rural, give LOCATION)
How long in hospital or Institution? 26 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Emma Nommer V	ummons
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fred no married	7
of I o	20. DATE OF DEATH. 20 19 19 19 19 19 19 19 19 19 19 19 19 19
8,(b) Name of husband or wife 1501. 1. Lusanaman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Feb 6 19 43, 10 Mac 21 1946.
	and that I last saw have alive on Jackson 21 19.76
negeggen (moet neal; 11:1)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Centino delicero
61 8 4hrs.	min. Jakas hartafor Cirlos
a Bistolina Hame de Brace	Due to Carlo
(Town, county and state)	Programme
10. Usual occupation I torracurfe	
11. Industry or business	Due to
12. Name John Shund	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Francis ? Shernes 15. 9irthplace Maryland	
mall	Major findings of operations
≥ 15. 9'rthplace	Date of op.
16, Informant M. T. Juny	Autopsy results
Address 5-14 devolution 7+am de 1/2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, exemation, or remoyel, Which?) (Burial, exemation, or remoyel, Which?) (Burial, exemation, or remoyel, Which?)	Accident, suicide, or homicide
	Where did injury occur?
Cometery or cramatory	
Location Table Co.	Injured at home, farm, industry, public place (where?)
19. Funeral director Lessensten (Per	Means of injury Injured at work?
11	
Address fane a vace	23 SIGNATURE Visuales I toley Med
. 3-25 . 4/2 Of Com MI	M. D. or other
(Date rec'd by registrar) Regis	Address Address James 3/27/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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THE THE THE THE PERSON STATE THE PERSON

CERTIFICATION OF DEATH ...

A ANNUAL PROCESSION CHARGO CAROLINA

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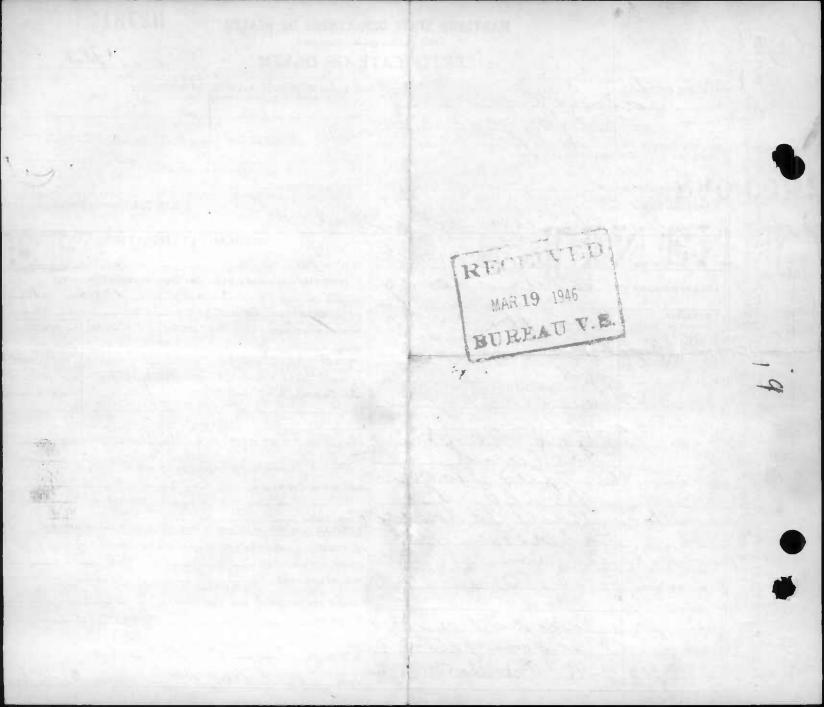
BUREAU V.S.

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

02731

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town ((Confide city or town finits, write RURAL and give nearest town)	State County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(d) If yeleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary auch John	enely.
4. Sex 5. Color Frace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I My Midowell	2D, DATE DF DEATH 3 / 3 19 46 at
to her In boust	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
S.(b) Name of husband or wife	19.33 5. 10 Mars 19.24 (
7. Birth date of	and that I last saw h. ag. alive on
deceased (mo., day, yr.)	Immediate cause of death Intestinal obstruction DURATION
8. AGE: Years Monda's Days If less than one day	
8 /hrsmin.	Probably
Tula.	Due to adhesions following op.
9. Birthplace	Servel you ato
10. Usual occupation	Due to
11. Industry or business	
12 Name Lutred MC Tille	Other comme Myo cardito; duration, nine paras.
12. Name 13. Birthplace 21. Lace 12. Name 13. Birthplace	ew Question
	(Include pregnancy within 3 months of death)
14. Maiden name Hungare hagar	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informati less Mary Jahany	Antopsy results
Address Islantow Mich.	
Barine 3/16/46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removat. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of My July	Where did injury occur?
location St Johnson	Injured at home, farm, Industry, public place (where?)
Location Location	Means of Injury Injured at work?
18. Funeral director	2 - 2/ 10
Address Benfore, Mik.	23. SIGNATURE DE BOSTONIO
3/16 4 Princilly Forumon	M. D. or other
19	Bel an Mil Bate signed 3/14/4/a

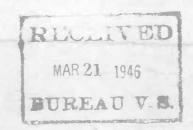


2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

(12732 Reg. Dist. No. 182

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give, residence of mother) State
How long In above place of death? Hospital, Institution, or street address where death occurred: Tourier Jeen Tourier	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Zuma. C. Tomlangh	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divinced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.46, 21.9-45. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) MAL 17 = 1946	and that I last saw halive on Sharch 18 19 46
8. AGE: Years Months Days It less than one dayhrsmin.	Immeriate cause of Cold Congenial DURATION
9. Birthplace	Due to.
1B. Usual occupation	Due to
11. Industry or business 12. Name Verlin Combangh 13. Birtholace	Olher conditions
13. Birthplace 14. Maiden name Ida 211. Bridestaugh	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Balbeo, Midi	Bate of op.
Address Bel a's Mile	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 (Burial, cremation, or removal, Which) Bale thereof Mat 19-1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory 5 5 12 11 . Com.	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, industry, public place (where?) Megna of Injury Injured at work?
18. Funeral director Fork Push	Tollard I Hudson mo
19. Mar 18 (Date rec'd by registrar) 19.46 Princilla four vod Registrar	Address TWW Dub signed TOWN



2411 N. Charles St., Baltimore (169)

CERTIFICATE OF DEATH

(12733 Reg. Diat. No. 180

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Harry	manage of the total
City or town / Sel Carry	State Mountain County County
City or town(If outside city or town limits write RURAL and give nearest town)	City or town 15 setting 111
How long in above place of death?	(If ontside city or town limits, wrise RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. W. Atward & - 644
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Charles Kas	MIET Verge 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male write married	20. DATE OF DEATH March 23 1/6 at 10 A M
B.(b) Name of husband or wife Mausice Vergel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
V V	19
7. Birth date of	and that I tast saw halive on
deceased (mo., day, yr.) Hau 15	Immediate cause of death
8. AGE: Years Months Days It less than one day	Frotus cervilo vertetre
62hrsmin.	
4-1	
9. Birthplace	Due to
76-040	
10. Usuai occupation.	Due to
11. Industry or business	
12. Name Luxuuru 13. Birthplace	Other conditions
L 42 Distributes	Circl Conditions.
E 13. birtupiace	(Include pregnancy within 3 months of death)
14. Maiden name. Curture 15. Birthplace	Major fiadings of operations
15 Rirthnlace	Date of op.
la harle the well	
16. Informant	Antopsy results
Address 644 W. 2 mound St. Bally and	1 - 1
13 Mars 27 1914	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide. A reiclest Date of
I Late. We dean and	Where did injury occur? Belefity (City or twon) (Gounty) (State)
Cemetery or crematory.	(City or town) (County) (County) (City or town)
Location Security Social Location Security Social Location Security Securit	Injured at nome, tarm, industry, public place (micret)
18. Funeral director Africand C. McGrum Yorw	Means of Injury (tit by train injured at work? no
al d. man a	Gerald C Palmer M. 72
Address Wright Marylant	23. SIGNATURE Depuly Arsheed Examina
Mar 23 . 46 Marie M. Monted	Hagford County M. D. or other
(Date rec'd by registrar) Registrar	Address Beffin Mg Date signed 2/2/16

RECEIVED

MAR 28 1946

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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

02754 p Reg. Dist. No..

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorp intents give residence of mother) Slate
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Charles Married M	MEDICAL CERTIFICATION 29. DATE OF DEATH
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Month Oays If less than one day hrs. min. 9. Birthplace	and that I last saw has a alive on 3 26 19 % Immediate cause of death Consmany O colors I week
10. Usual occupation	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Information of the state of	Autopsy results
18. Funeral director Mrs. Nature Revisition Address 3 2 2 N. Selly getter 19. 3 2 194 6 Registrar Registrar	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Esquered, md Date signed. 326-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (H) MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

CERTIFICATE OF DEATH

112735,80 Reg. Dist. No.

City or town (If outside city or town limits, write RURA) and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How has to show that the state of the state	City or town (If outside city or town lighte, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veferan, name war
William a. Warres	3. (b) Social Security Number 220-01-5776
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white livered	20. DATE DF DEATH March 17 1976, at 18 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of S.(c) If allve, give age years	and that I last saw he endalive on heart 14 19 4 6
deceased (mo., day, yr.) th. 2 2 /3 /3	Immediate cause of death
8. AGE: Years Months Days if less than one day	
7/ - 34nin.	Coronay Ulumbria inmital
9. Birthplace	Due to.
10. Usual occupation	Due to arterio a levolic C-V Dimero 6 yrs
11. Industry or business	
12. Name Transcelli Warms	Dither conditions
13. Birthplace	
	(Include pregnancy within 8 months of death)
14. Maiden name Georges Horris	Major findings of operations
15. Birthplace Dallana	Date of op.
15 Internal Mess Jelles Harring	Autopsy results.
10. HIIUIIII III.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Wingdon Mid	22. VIOLENCE: 11 death was due to external causes, fill in the following:
17 / Sures Bate thereof Mar. 80 1946	
(Burial, cremation, or regional, Which?) (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or crematory 60 Jan buts	Where did injury occur?
When don Made	
Location Control Contr	Injured at home, farm, industry, public place (where?)
18. Funeral director (Trivard IC Me Tornes ton	Means of injury injured af work?
Address abuyden nuryland	23. SIGNATURE J. Palfl Horky hi D
19 March 19 19 46 Marie M Mouleda Registrar	23. SIGNATURE M. D. or other Address Cleme livel M. Daje signed March 17

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53) CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Vastora	State Md County Handerd
City or town. (If outside city or town limits, write RURAL and give nearest town)	na Fallate
Now long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
Lames Tip House	(If rural, give LOCATION)
How long in hospital or institution? Downs from	2.(a) If veteran, name war
3. (a) FULL NAME FRITZ WE	LLS 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, wildowed, or divorced	MEDICAL CERTIFICATION
m w Smale	20. DATE OF DEATH March 30 1846 at 6 - A 1
and the second of the second o	21. I FERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife	Jule 1943 10 mar 30 1946
7. Birth date of	and that I last saw helsen alive on MAN 20 1946
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
8. AGE: 89hrsmin	CARCINOMA OF FACE 6 42
Prince Heard The Co.	Que to.
9. Birthplace (Town, county, and state)	Sue to
10. Usual occupation 24 Mil	Due to.
11. Industry or business,	
E 12. Name Win Wells-	Other conditions
12. Name WM Colleg- 13. Birihplace New York	(Include pregnancy within 3 months of death)
E 14. Majdon name Marso Kallock	
14. Maidon name Mary Hallock 15. Birtholace & Kuw Lork	Major findings of operations
loland - Itahatilok	Antopsy results.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address VIL ULB VVIII	22. VIOLENCE: tf death was due to external causes, fill in the following;
17 Date thereof Date thereof Month Day (year)	Accident, suicide, or homicide
Cemetery or crematory & ante Home	Where did injury occur?
Bol Och land	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director.	
Address III as Ma	- 23 SIGNATURE Wellord P Geldson
3/30/46 10 Prixella Forwor	2 1000 11 00 Jud M. D. or other
(Date rec'd by registrar) Registra	ar II Address TO CODY COLUMN Date signed D

APR 5 1946 BURLAUVS.

2411 N. Charles St., Baltimore 97

03119

CERTIFICATE OF DEATH

UL		-	-	Ca
Reg	. Di	st. N	o	

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Alexander	(For newborn infants give residence of mother)
City or town	State State County JAHANTE
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospifal or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Johanna St. My	haland . 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale White Widowed	20. DATE DE DEATH MAKEL 26 MM 19 46, 21 7:45 MM
Daniel P Whaland	21. I CERUFY that death occurred on the date above stated; that I etiended deceased from
6.(b) Name of husband or wife January W. Malland	Summy 25 1946 to Warel 26 1946
7. Birth date of	and that I last saw he alive on Marel 26 1966
deceased (mo., day, yr.) December 11th 1860	Immediate cause of death Pulmona, Decleve DURATION
8. AGE: Years Months Days If less than one day	
83 3 13 1 A N min.	4
9. Birtholace Faltimore, Maleyland.	Que to CEREBRAL ARTERIO-
(Town, county, and state)	SCLFROSIS and PyChosis
10. Usual occupation.	Due to
11. Industry or business	
12. Name Maurice Heland	Other conditions
13. Birthplace Steland	
14. Maiden name Julia alyward.	(Include pregnancy within 3 months of death)
15. Birthplace Holand	Major findings of operations.
Mr. Auga M. Albertallan	Date of op.
16. Informant And Andrews	Antopsy results
Address Belalitalle Milly	22. VIOLENCE: If death was due fo external causes, fill in the following:
(Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Office about	
Cemetery or crematory	Where did injury occur?
Location Steken of Stareford Can Moreylas	Anjured af home, farm, Industry, public place (where?)
18. Funeral director Statement of Posth And	Meens of injury injured at work?
Address 1235 Challend And -	\$1. 24 10 1 At 1 200
- I - C	73. SIGNATURE WILLIAM, D.
19. 3. 19. (Date rec'd by registrar) 19. (Sate rec'd by registrar) Registrar	Trallation Md 3/26/11
(Date rec d by registrar) Registrar	Address Date signed O / 4 / 4 /